	THE MATTER OF TECURITY COMMISS	_) /	APPLIC	CATION FOR REIMBURSEMENT
NC	IOWA THE IOWA ANY LEGAL RES THE PRACTICE O CLIENTS' SECUR GRACE IN THE S THE FUND AND I	G THE CLIENTS SUPREME COLE PONSIBILITY FOR LAW. ALL RE RITY TRUST FUR SOLE DISCRETION AMOUNT A MATTER GANIZATION HA	URT DOR THE EIMB NO OF ROS AS AN	ID NOTHE ACTURSENT THE INTERIOR	TRUST FUND OF THE BAR OF T CREATE, NOR ACKNOWLEDGE TS OF INDIVIDUAL LAWYERS IN MENTS OF LOSSES OF THE BAR OF IOWA ARE A MATTER OF COMMISSIONERS ADMINISTERING NO CLIENT OR ANY OTHER HT IN THE FUND AS A THIRD-
1.	Name and contact	information for A	Applica	ant	
	(Full Name)				_
	(Street Address or	P.O. Box)			
	(City)	(State)		(Zip)	
	(email address)				
	(Residence Teleph	none Number)			(Business Telephone Number)
2.	Name of Applicant	's Spouse (If Ma	rried)		
3.	Name and last kno applicant's loss:	wn address of la	wyer v	whose o	conduct is alleged to have caused
	(Full Name)				<u> </u>
	(Street Address or P	.O. Box)			

- A COPY OF THIS APPLICATION FOR REIMBURSEMENT IS SENT TO THE LAWYER -

(Zip)

(State)

(City)

4.	Applicant suffered a money loss of \$					
	or property valued at \$					
	by reason of alleged dishonest conduct of who was (Name of Lawyer) an attorney having the right to practice law in the state of lowa.					
5.	What were the arrangements for payment of fees to the lawyer who allegedly caused the loss and what portion of it, if any, has been paid?					
6.	The alleged dishonest conduct occurred at, on or, on or about The loss occurred on or about (Date) The loss was discovered on or about (Date)					
7.	Give as detailed a statement as possible of the nature of the lawyer's alleged dishonest conduct and the way in which that conduct caused your loss. Attach separate pages if necessary. Additionally please attach copies of any documents or correspondence that are related to this matter, such as cancelled checks and billing statements/invoices received from the attorney. <i>DO NOT SEND ORIGINALS</i> .					

8.	Have you as	sked the lawyer to repa	y you?	/ / Yes	/ / No	
	If yes:(Date)				
	Briefly expla explain.	in. If your request and	or the law	yer's response	was in writing,	please
9.	Have you be	een repaid for any part	of your cla	im?		
	If yes:(Amo	ount)				
	(Ву	Whom Paid)		1)	Date)	
		ain briefly the circumstence related to it.	ances of th	is repayment	and attach any	papers or
10	.(a) Are you (b) If so, in	urelated to the lawyer? what way?				
	(c) Were you	what way?ou associated in any b what manner?	usiness ma	anner with the	lawyer?	
11	. State, if kno or will be ta	wn, whether any civil, on the connection with the present states	criminal, or the facts s	disciplinary poet out in this a	roceedings have	
12		r is presently represen her or his contact info	• .	assisting you	with this applica	ation,
	(Name)					
	(Street Add	dress or P.O. Box)				
	(City)	(State)	(Zip)			
	(Telephon	e Number)				

No applicant is required to be represented by a lawyer before the Commission. No attorney representing the applicant shall receive a fee for his or her services from the Fund. Any agreement for compensation between the applicant and any attorney retained for prosecution of the claim must meet the approval of the Commission.

Statement of Understanding

This application is prepared and signed to have the Client Security Commission of the Supreme Court of Iowa process and investigate the claim, and to consider the making of payment from the Clients' Security Trust Fund of the Bar of Iowa toward repayment of any loss to the applicant.

Upon payment by the Client Security Trust Fund to the applicant of all or any portion of this claim, the applicant gives the Commission all of his or her claims or actions of any type against the attorney arising out of the alleged dishonest acts on which this application is based. The applicant authorizes the Commission to prosecute all such claims against the above named attorney either in the applicant's name or in the Commission's name or in the names of both, as the Commission decides.

If the amount paid by the Fund to the applicant is not payment in full for all loss which the applicant has suffered as a result of the alleged dishonest acts of the attorney, then any amounts recovered the Commission which remain after repaying the Fund the amount paid to the applicant and the costs of collection shall be returned to the applicant.

The applicant agrees to cooperate with the Commissioners in any efforts by the Commissioners in enforcing any claim against the attorney, and agrees that all civil actions to be taken against the attorney about this complaint shall be under the full control of the Commissioners of the Client Security Commission of the Supreme Court of Iowa, and that the Commissioners may prosecute or fail to prosecute, or abandon any such claim without the consent or approval of the applicant.

UNDERSTANDING THIS, the applicant agrees to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the lawyer(s) in question; and before receiving any payment from the Fund, the applicant agrees to give to the Client Security Commission information that may be requested.

Date:		
	(Signature of Applicant)	

STATE OF)	
STATE OF) ss: COUNTY OF)	
Application for Reimbursement and kn	cant in the above matter. I have read this ow the contents. I hereby certify that the ept as to the matters which are stated upon nose matters, I believe them to be true.
I certify (or declare) under penalty of perj	ury that the foregoing is true and correct.
Executed on at (Date)	(Place)
	(Signature of Applicant)
Subscribed and sworn (or affirmed) to be	efore me this day of, 20
	Notary Public in and for said County and State

Return claim form and attachments to:

CLIENT SECURITY COMMISSION JUDICIAL BRANCH BUILDING 1111 EAST COURT AVENUE DES MOINES, IA 50319